

DO NOT SEPARATE -
RETURN ALL COPIES

☐ COUNTER
☐ MAIL

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

☐ \$10.00 Each Copy
☐ \$23.00 Paternity/Corrections
from 1997 to present

TODAY'S DATE		ENCLOSED \$ _____ IN _____ FOR _____ CERTIFIED COPIES AMOUNT CASH, CHECK, ETC # OF COPIES					
CHILD'S FULL NAME AT BIRTH		FIRST		MIDDLE		LAST	
DATE OF BIRTH	MONTH	DAY	YEAR	PLACE OF BIRTH	TOWN OR CITY	COUNTY	HOSPITAL
FATHER'S NAME	FIRST	MIDDLE			LAST	PLACE OF BIRTH	STATE OR COUNTRY
MOTHER'S MAIDEN NAME	FIRST	MIDDLE			LAST	PLACE OF BIRTH	STATE OR COUNTRY
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE				SIGNATURE			
TELEPHONE NUMBER				ID TYPE, # & EXP. DATE (FOR OFFICE USE ONLY)			

▼ PRINT OR TYPE NAME AND MAILING ADDRESS ▼		Make check/money order payable to and mail to: Maricopa County Office of Vital Registration P.O. Box 2111 Phoenix, Arizona 85001 (602) 506-6805
YOUR NAME		
MAILING ADDRESS STREET OR P.O. BOX		
CITY AND STATE ZIP CODE		
		FOR OFFICE USE ONLY
		DATE ISSUED
		SFN
		ATS DATE:
		T R X #

If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

081-2515 R11-05

20
DAY OF
SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES:

DO NOT SEPARATE -
RETURN ALL COPIES

☐ COUNTER
☐ MAIL

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

☐ \$10.00 Each Copy
☐ \$23.00 Paternity/Corrections
from 1997 to present

TODAY'S DATE		ENCLOSED \$ _____ IN _____ FOR _____ CERTIFIED COPIES AMOUNT CASH, CHECK, ETC # OF COPIES					
CHILD'S FULL NAME AT BIRTH		FIRST		MIDDLE		LAST	
DATE OF BIRTH	MONTH	DAY	YEAR	PLACE OF BIRTH	TOWN OR CITY	COUNTY	HOSPITAL
FATHER'S NAME	FIRST	MIDDLE			LAST	PLACE OF BIRTH	STATE OR COUNTRY
MOTHER'S MAIDEN NAME	FIRST	MIDDLE			LAST	PLACE OF BIRTH	STATE OR COUNTRY
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE				SIGNATURE			
TELEPHONE NUMBER				ID TYPE, # & EXP. DATE (FOR OFFICE USE ONLY)			

▼ PRINT OR TYPE NAME AND MAILING ADDRESS ▼		Make check/money order payable to and mail to: Maricopa County Office of Vital Registration P.O. Box 2111 Phoenix, Arizona 85001 (602) 506-6805
YOUR NAME		
MAILING ADDRESS STREET OR P.O. BOX		
CITY AND STATE ZIP CODE		
		FOR OFFICE USE ONLY
		DATE ISSUED
		SFN
		ATS DATE:
		T R X #

If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

081-2515 R11-05

20
DAY OF
SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES:

IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED
If applying by mail, have application notarized or include a copy of your ID.

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing.
WARNING: False application for a birth certificate is a punishable offense.

IF APPLYING IN PERSON, A VALID GOVERNMENT PICTURE ID IS REQUIRED
If applying by mail, have application notarized or include a copy of your ID.

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing.
WARNING: False application for a birth certificate is a punishable offense.